

No. 2  
12-45  
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X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15571  
4304  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Alexian Bros. Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4138 Michigan Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank X. Reinhardt,  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 25th  
year 1947 hour 5:00 minute \_\_\_\_\_ P. M.

4. Sex Male, 5. Color or race White,  
6. (a) Single, widowed, married, divorced Married,

21. I hereby certify that I attended the deceased from  
April 1 - 1947, to 4-26 - 1947  
that I last saw him alive on 4-26 - 1947  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mary Reinhardt,  
6. (c) Age of husband or wife if alive 73 years

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

7. Birth date of deceased October 24, 1870  
(Month) (Day) (Year)

Jan 26 7 night 300s  
Embolism in popliteal artery arteries sclerosis  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
76 6 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)  
Arteries sclerosis  
Major findings: \_\_\_\_\_

9. Birthplace Paderborn, Illinois,  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.  
right leg thru thigh  
Of operation \_\_\_\_\_  
Of emergency on 4-16-47

10. Usual occupation Gardner

11. Industry or business Self employed,

12. Name Leo Reinhardt,

13. Birthplace Germany,  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Marxer,

15. Birthplace Germany,  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Reinhardt,  
(b) Address 4138 Michigan Ave.,

17. (a) Burial, (b) Date thereof 4/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenmount Cem. Belleville,  
(d) Signature of funeral director Gebken-Benz Mortuary,  
2842 Meramec St.,  
(b) Address \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Ill.

19. (a) APR 27 1947 (b) J. J. Brudeck  
(Date received local Registrar) (Registrar's signature)

23. Signature Pepl L. Spens (M. D. or other) 4/26  
Address 4065 So. Grand Date signed 47

*MJD*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by..... me.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Joe S. Benz*.....  
Licensed Embalmer No..... 4249.....

P. O. Address..... 2842 Meramec St.,  
St. Louis, 18, Mo......

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**